

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000019305

**Entity Name:** BARDMOOR SURGERY CENTER, LLC

**Current Principal Place of Business:**

% DONNA ST LOUIS  
8787 BRYAN DAIRY ROAD  
LARGO, FL 33777

**Current Mailing Address:**

% DONNA ST LOUIS  
8787 BRYAN DAIRY ROAD  
LARGO, FL 33777

**FEI Number:** 20-4385452

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KENNEDY, JAMES JIII ESQ  
CARLTON FIELDS ATTORNEYS AT LAW  
4221 W BOY SCOUT BLVD  
TAMPA, FL 33607 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ST LOUIS, DONNA  
Address 8452 118TH AVE N  
City-State-Zip: LARGO FL 33773

Title MGR  
Name BURDEN, NANCY  
Address 8452 118TH AVE N  
City-State-Zip: LARGO FL 33773

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONNA ST LOUIS

VP, OUTPT SVS & SURG      02/26/2013  
SVS

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date